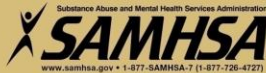


## Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



## SBIRT Workshop

**SAMHSA PBHCI National Grantee Meeting**  
**June 4- 7, 2017**  
**Austin, TX**



## Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).



## Trainer

**Brie Reimann** is an expert in providing technical assistance, training and support to primary care and behavioral health providers on integrated care initiatives. As the Director for the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS), which is run by the National Council for Behavioral Health, Ms. Reimann provides leadership, content expertise, and project management to inform the training and technical assistance provided to community-based behavioral and primary care organizations. Prior to joining the National Council, Ms. Reimann directed the SBIRT Colorado initiative and provided leadership to the University of Colorado on the Health Professional training grant with the aim to develop curriculum for nursing students and preceptors. A leader in integrating routine screening and brief intervention services into a variety of settings and on impacting policies to support sustainability, Ms. Reimann has partnered with hospitals, HIV prevention and care settings, military, primary care, and behavioral health organizations to train providers on population health management strategies to improve health outcomes. Ms. Reimann is successful in working with public and private payers, businesses, public health agencies, and policy makers to affect system level changes necessary to achieve long term success.



# What is SBIRT?

- **S**creening to identify patients at-risk for developing substance use disorders.
- **B**rief **I**ntervention to raise awareness of risks, elicit internal motivation for change, and help set healthy goals.
- **R**eferral to **T**reatment to facilitate access to specialized services and coordinate care between systems for patients with highest risk.



**Vital Signs™**  
January 2014

**Alcohol Screening and Counseling**  
An effective but underused health service

At least 38 million adults drink too much and most are not alcoholics. Drinking too much includes binge drinking, high weekly use, and any alcohol use by pregnant women or those under age 21. It causes about 88,000 deaths in the US each year, and costs the economy about \$224 billion. Alcohol screening and brief counseling can reduce drinking on an occasion by 25% in people who drink too much, but only 1 in 6 people has ever talked with their doctor or other health professional about alcohol use. Talking with a patient about their drinking is the first step of screening and brief counseling, which involves:

- Using a set of questions to screen all patients for how much and how often they drink.
- Counseling patients about the health dangers of drinking too much, including women who are (or could be) pregnant.
- Referring only those few patients who need specialized treatment for alcohol dependence.

Doctors and other health professionals can use alcohol screening and brief counseling to help people who are drinking too much to drink less. The Affordable Care Act requires new health insurance plans to cover this service without a co-payment.

→ See page 4  
Want to learn more? Visit [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

National Center for Chronic Disease Prevention and Health Promotion  
Division of Population Health

**Drinking too much includes**

For men, binge drinking is 5 or more drinks consumed on one occasion*	For women, binge drinking is 4 or more drinks consumed on one occasion*	For men, 15 or more drinks on average per week	For women, 8 or more drinks on average per week
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\*One occasion = within 2 to 3 hours

Any alcohol use by pregnant women

Any alcohol use by those under age 21

Key steps in alcohol screening and brief counseling

1. Ask patients about their drinking.
2. Talk with patients in plain language about what they think is good and not so good about their drinking.
3. Provide options: ask if patient wants to stop drinking, cut down, seek help or continue with their present drinking pattern and come up with a plan.
4. Choose one goal (or more) regardless of patient response.

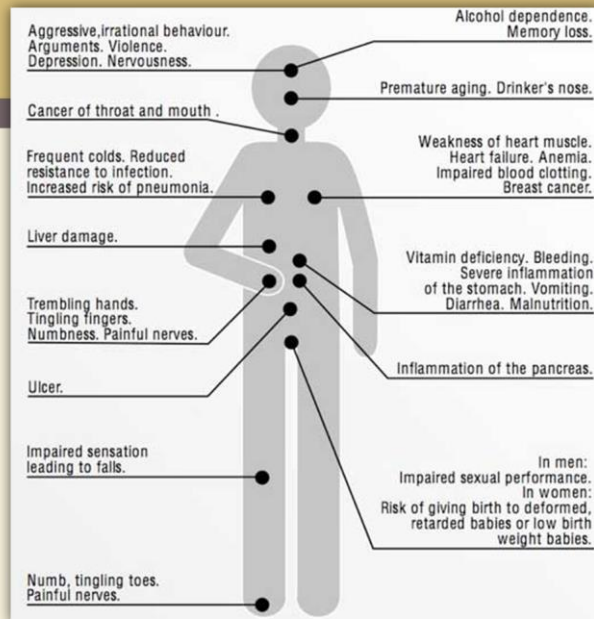
Screening and counseling should occur in many places

Primary care practices, Emergency departments, OB/GYN practices, Trauma centers

Making sure it happens in routine medical practice

1. Make sure staff understand that most patients who drink too much need brief counseling but may not need specialized alcohol treatment.
2. Involve and build support with others in the medical practice, using current guidelines.
3. Develop a plan with them to make it part of standard service.
4. Train staff on how to screen and provide brief counseling.
5. Visit how the plan is used if it works and changed if it is needed.





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***My drinking was normal-everyone I know  
drinks socially.***

***It wasn't until my nurse asked about  
my drinking that I realized the inability to sleep, the  
increased stress at work,  
may be related to my drinking. Simply cutting down  
has made a difference in my life, my family and my  
work. I just feel more alert.***

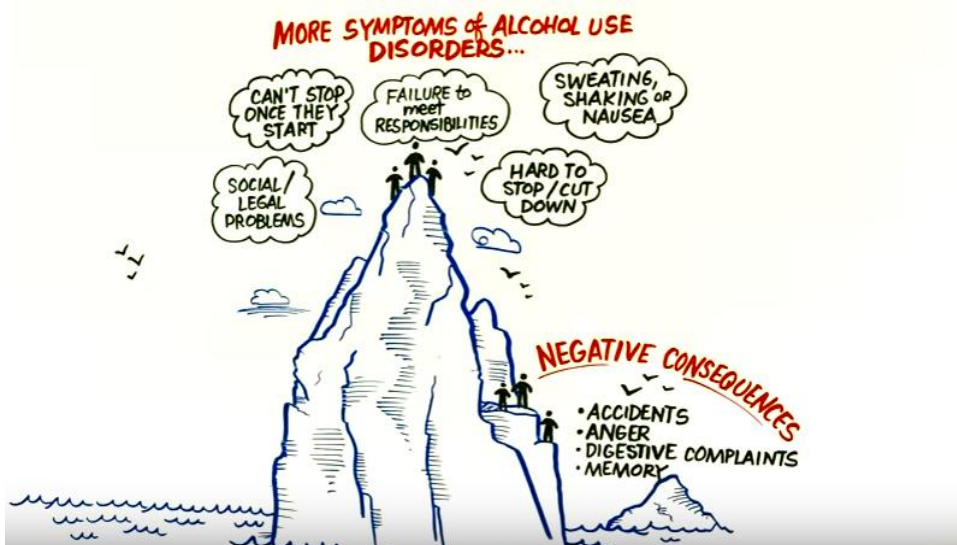
***I only wish someone had asked***

***“Staff and providers see how SBIRT can lead to behavior change for patients, and they simply don’t feel that they are providing complete and comprehensive care unless they are asking the screening questions and having those conversations.”***

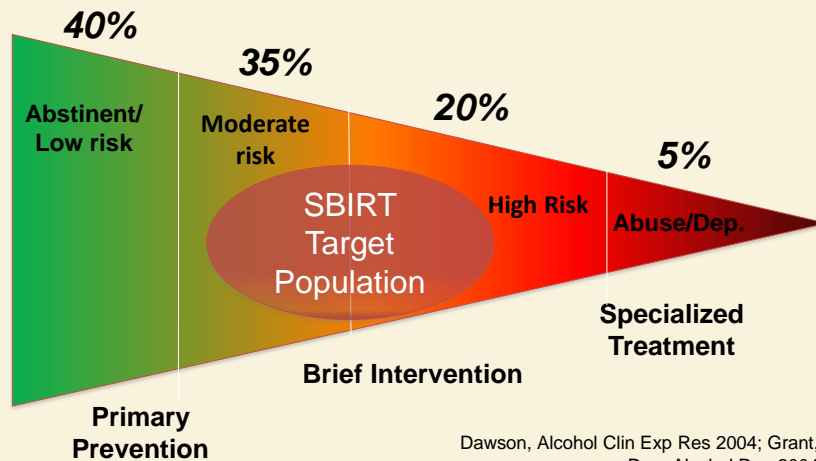
***“There were patients who were substance users who I just never would have thought of in that way. So I hadn’t really pursued the questions or asked the questions before. Because in my own mind, it didn’t seem very likely and I was surprised the number of times where I saw the results.”***



## A ReThink of the Way We Drink



## Distribution of Alcohol Use



Dawson, Alcohol Clin Exp Res 2004; Grant, Drug Alcohol Dep 2004



## Defining Risk





LOWER RISK DRINK LIMITS*		
	OCCASION	WEEKLY
WOMEN	3	7
MEN	4	14
OVER 65	3	7
LESS IS BETTER		
IT'S SAFEST TO AVOID ALCOHOL IF YOU ARE <ul style="list-style-type: none"> <li>• taking medications that interact with alcohol</li> <li>• have a health condition made worse by drinking</li> <li>• underage</li> <li>• planning to drive a vehicle or operate machinery</li> <li>• pregnant or trying to become pregnant</li> </ul>		

#### NIAAA Cocktail Calculator

<http://rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/Cocktail-Calculator.aspx>

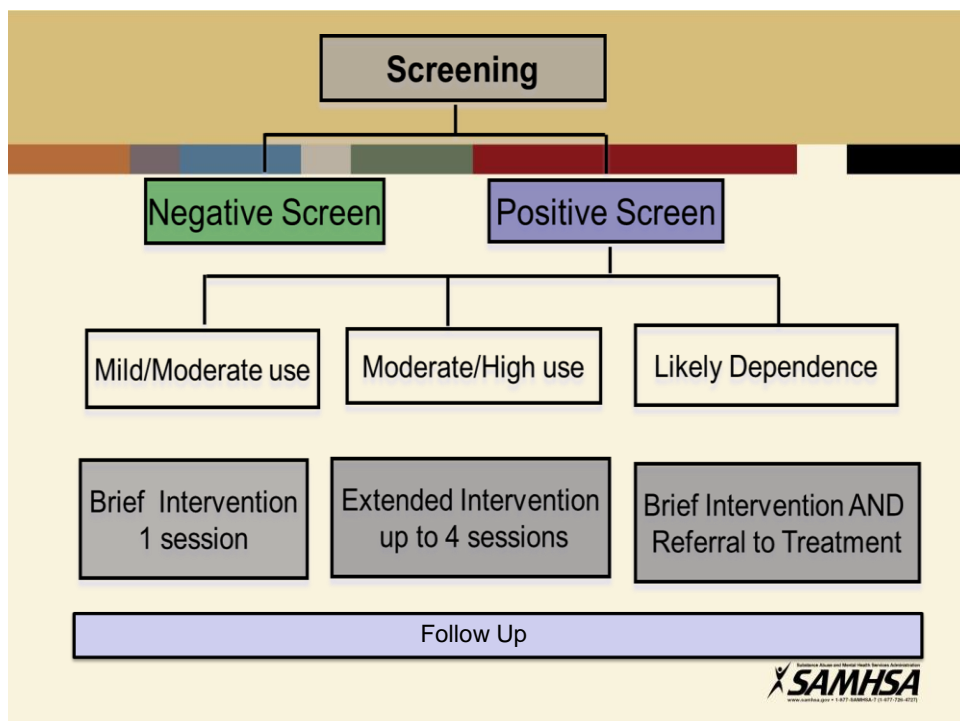


## To Consider



***“A child who reaches his or her 21st birthday without using drugs, tobacco or alcohol is ‘virtually certain’ never to slip into those habits.”***

Joseph A. Califano Jr.  
How to Raise a Drug-Free Kid





## Building Rapport

How might you:

- Introduce yourself
- The process
- Request permission
- Describe confidentiality



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## Screening

A systematic way of identifying potential  
for problems using a standardized,  
reliable and valid tool



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## Brief Screen (Pre-Screen)

**During the past 12 months, did you:**

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high?

**If any “YES” ask full CRAFT questions**  
**If all “NO” just ask CAR question**



## Full Screen: CRAFT

1. Have you ever ridden in a **car** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **relax**, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, or **alone**?
4. Do you ever **forget** things you did while using alcohol or drugs?
5. Do your **family or friends** ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **trouble** while you were using alcohol or drugs?



## CRAFFT Scoring

Low Risk	Moderate Risk	High Risk
Abstinence	CRAFFT Score 1	CRAFFT Score 2+

**If 1+ provide brief intervention**

**If 2+ also consider referral to treatment.**

Source: American Academy of Pediatrics, 2011



## Brief Intervention

1. Raise the subject
2. Provide feedback
3. Enhance motivation
4. Develop a plan



## Step 1: Raise the Subject

***“Would you mind taking a few minutes to talk with me about your screening results?”***

***(ask permission to have the conversation)***



## Step 2: Provide Feedback

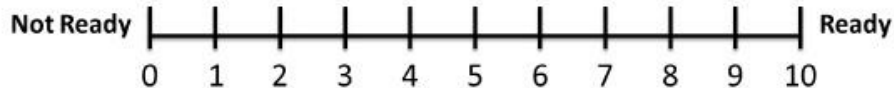
- Review reported alcohol/drug use; compare to lower risk limits.
- Connect alcohol/drugs to current or future health problems.
- Link alcohol/drugs to the reason for the visit.
- Express concern.
- Advise to quit or cut back.

***Don't give too much information!***  
***Always elicit the person's response!***



## Step 3: Enhance Motivation

- On a scale of 0 to 10, **how important is it for you** to do something different?
- On a scale of 0 to 10, **how confident are you** that you can do something different?
- On a scale of 0 to 10, **how ready are you?**



## Some Motivational Interviewing Principles

1. Motivation is not static.
2. Ambivalence is normal to the change process.
3. Pushing too hard for will evoke resistance to change.
4. Evoking patient's own change talk will enhance behavior change.



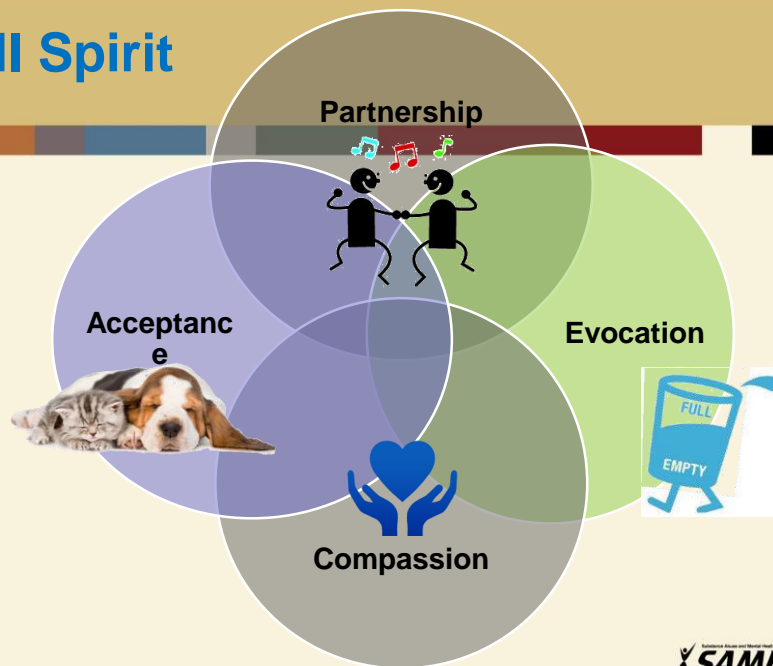
## OARS

- Open-ended inquiry
- Affirmations
- Reflections
- Summaries



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## MI Spirit



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**“MI appears to be a good fit with adolescents’ developmental need to exert their independence and make decisions for themselves, while it respects their heightened levels of psychological reactance and coincides with the development of their decision-making skills.”**

Motivational Interviewing for Adolescent Substance Use: A Review of the Literature  
Barnett, et al. Addict Behav 2012



## Tool: Decisional Balance

	<i><b>Good</b></i>	<i><b>Not so good</b></i>
<i><b>No change</b></i>	<b>1</b>	<b>2</b>
<i><b>Change</b></i>	<b>4</b>	<b>3</b>



## Ambivalence

Change  
Talk



Sustain  
Talk



## Developing Discrepancy

“What are the good things about your use?”

“What are the not so good things about your use?”

Pros



Cons



## Activity: Listen and Summarize

- **Speaker:** Pick a real-life change issue.
- **Listener:**
- **Listen and try to understand but give no advice.**
- **Use these 4 questions:**
  - “Why would you want to make a change in \_\_\_\_\_?”
  - “How might you go about changing?”
  - “What are the best reasons to change \_\_\_\_\_?”
  - “How will your life be better if you change \_\_\_\_\_?”
- **Reflect back and summarize what you heard.**
- **Then ask:**

*“So, what do you think you’ll do?”*



## Change Talk

**Desire  
Ability  
Reasons  
Need**



## Step 4: Negotiate and Advise a Goal

- *“What are some of your thoughts about our discussion?”*
- *“What steps could you take to make a change?”*
- *“What will be challenging? “How will you approach this?”*
- *“Your plan and next steps are...”*
- *“Thank you for having this conversation with me.”*



## Example Planning Sheet

Pros of use: \_\_\_\_\_

Cons of use: \_\_\_\_\_

What I'll do differently before the next appointment:

\_\_\_\_\_

What could get in the way: \_\_\_\_\_

Options: \_\_\_\_\_

Follow-up date: \_\_\_\_\_

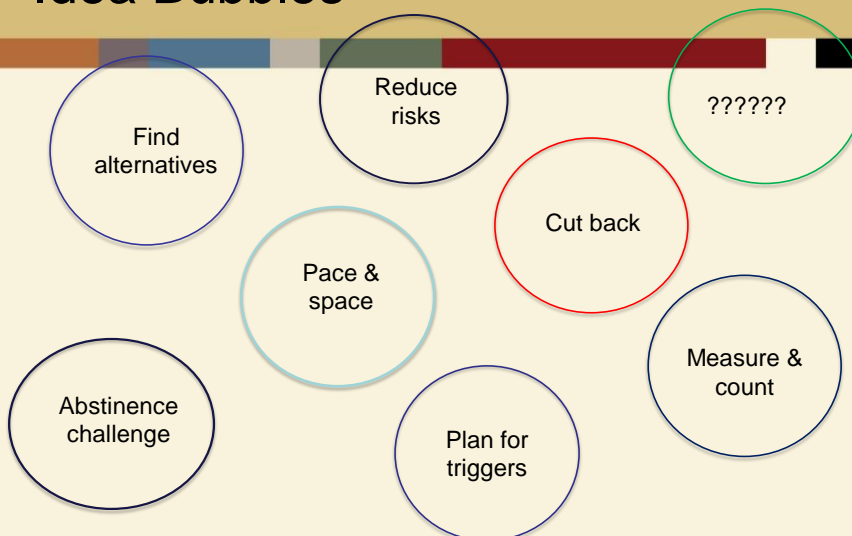


## The Road to Change

- What would need to happen for you to want to make a change?
- How would you do it if you decided?
- What are the three best reasons?
- What's most important to you?
- What could you do differently?
- What might be your next step?



## Idea Bubbles



## Round Robin Team Activity



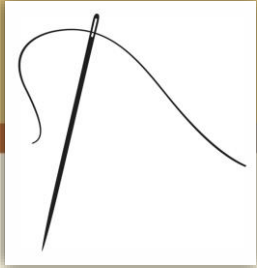
## Scenario

Client is a 23 year old female who reports drinking on average 14 drinks a week. She recently received a DUI and also reports forgetting events from the night before. She mentions that she hangs out with a group of friends who all drink more than she does but she happened to get caught.

***Practice brief intervention!***







## Close on Good Terms

**Summarize the patient's statements in favor of change.**

**Emphasize the patient's strengths.**

**What agreement was reached?**

CDC, 2014



## Referral to Treatment

**What scenarios can you think of that a patient would be referred?**



# Referral to Treatment: Considerations

**Availability** of resources for treatment

**Knowledge** by staff on available resources

**Relationships** with treatment providers

Personalize the process:

- **Facilitate** call to the treatment provider with patient
- **Assure** the appointment is made
- **Assist** with barriers to accessing treatment (discrimination, access, navigating healthcare system)
- **Avoid** just handing patient “a piece of paper”
- **Document** referral source and date of appointment
- **Follow-up** and provide reminders –release of information to follow-up

What barriers might you face and how will you help develop a plan to overcome them?



**Help clients trust the process –  
by being part of the process**



*“Steven over at the treatment center is really good at...”*



*“I’d like to touch base to see how you’re doing...”*



# Follow Up

*How do we support clients toward behavior change?*

*How do we know if our actions are resulting in improvement*

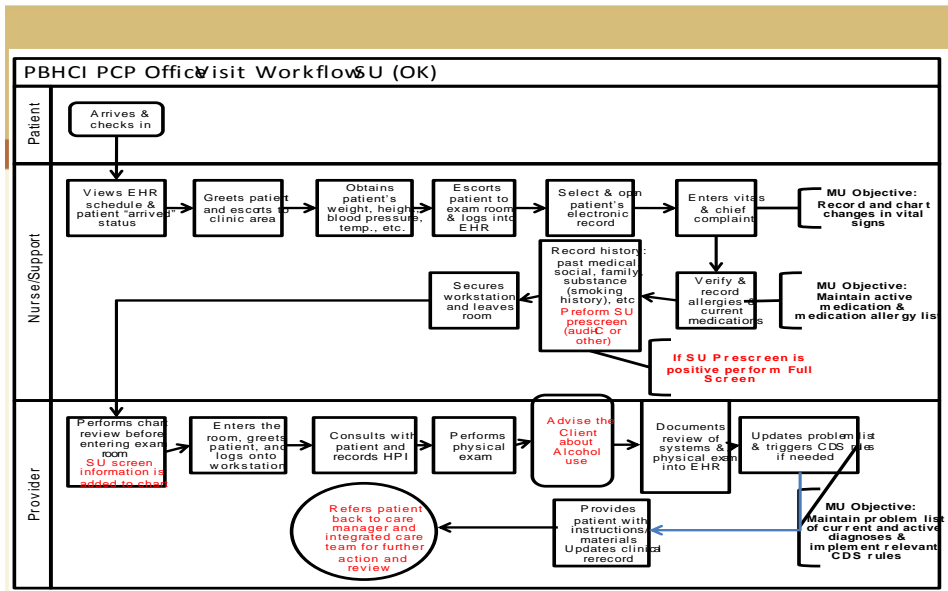
- 1-3 months
- Quantity/frequency changes
- Review goals, adjust accordingly
- Reinforce motivations
- Additional follow-up, referral, “stepped” care



## Key Considerations

- Who needs to be at the table?
- Where does SBIRT fit in?
- What is the plan?
- How do we pay for it?
- How do we entrench SBIRT into our protocols?
- What staff training is needed?
- How do we track SBIRT and know it's working?
- How do we know if we need to change course?





## Staffing Considerations

Understanding of roles and responsibilities within the care team is critical to success.

Considerations include:

- What Type of provider needs to provide the service?
- Are they licensure or credentialed (can they bill)
- Skill and comfort level of team members providing each services



## Lessons Learned

- SBIRT supports healthcare providers in meeting public health goals; it does not put them in the trx business.
- Adequate referral systems and resources are necessary for providers to conduct screening.
- Improved quality of care is the primary motivator.
- Patients are appreciative rather than resistant to the SBIRT practice.
- Staff and institutional support are critical for implementation and sustainability of SBIRT.



## Lessons Learned – Organizational

- Organizational culture is a lens through which an organization views their work – Build Buy In
- Shared value system, mission, vision, and purpose
- Common language that facilitates communication
- Policies and procedures that reflect/reinforce a shared vision
- Activities, services, physical, and emotional environment aligned with the vision
- How power, decision making, allocation of resources are distributed

*What changes will need to be made in your organization to enhance care?*



## Lessons Learned - Implementation

- Incorporate brief screens into other lifestyle questionnaires.
- Ensure that screening tools are being appropriately introduced and framed in order to prevent patients from feeling “targeted.”
- Motivational interviewing skills are required and strong BIs require practice with peers, supervisors, and clients.
- Patients benefit from referrals that are supported by strong bidirectional relationships & warm hand offs.
- Offer feedback, encouragement and thanks to implementing staff.
- Have a plan for keeping your board, payers, customers and community aware of this new service



## Other Considerations

- Build leadership buy in
- Assess the gaps in care
- Develop a champion team that understands population
- Prioritize behavioral health integration
- Utilize peer support to engage population
- Track outcomes associated with health improvement
- Tell the story of how behavioral health is improving
- Use social media
- Respond to the challenges





## Identify your Champions



## Questions

**KEEP  
CALM  
AND  
ASK  
ON**



# Resources

## **SAMHSA-HRSA Center for Integrated Health Solutions**

<http://www.integration.samhsa.gov/>

## **SBIRT Training Manual - BNI**

[http://medicine.yale.edu/sbirt/curriculum/manuals/SBIRT%20training%20manual\\_2012\\_tcm508-100719\\_tcm508-284-32.pdf](http://medicine.yale.edu/sbirt/curriculum/manuals/SBIRT%20training%20manual_2012_tcm508-100719_tcm508-284-32.pdf)

## **SBIRT Colorado**

<http://improvinghealthcolorado.org/>

## **IRETA**

<http://ireta.org/>



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# Thank You

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